



APPLICATION FOR MODIFIED AUTO INSURANCE

Toll Free 1-877-HOT-RODS • (1-877-468-7637)

www.jctaylor.com



Applicant _____ Date of Birth _____ Occupation _____

Street _____ Phone Number _____ Email _____

City _____ County _____ State _____ Zip _____

List all Licensed Drivers in household:

DRIVER'S NAME	STATE & DRIVER'S LICENSE NUMBER	DATE OF BIRTH	NUMBER OF YRS. LICENSED	YEAR & MAKE OF VEHICLE DRIVEN FOR DAILY USE	* Co.
1.)					
2.)					
3.)					

Attach a separate sheet for additional drivers.

* If company car, check (✓)

The following coverages are available. Indicate your selections by placing an "X" in the proper box. **All Rates are Annual Rates.**

- | | <u>TOTAL</u> |
|--|--------------|
| <input type="checkbox"/> Liability Coverage-\$40,000 Single Limit Bodily Injury & Property Damage-1 st Car \$52.00, 2 nd \$35.00, 3 rd \$17.00 Additional vehicles-no charge. | \$ _____ |
| <input type="checkbox"/> Liability Coverage-\$100,000 Single Limit Bodily Injury & Property Damage-1 st Car \$60.00, 2 nd \$40.00, 3 rd \$20.00 Additional vehicles-no charge. | _____ |
| <input type="checkbox"/> Liability Coverage-\$300,000 Single Limit Bodily Injury & Property Damage-1 st Car \$80.00, 2 nd \$56.00, 3 rd \$32.00 Additional vehicles-no charge. | _____ |
| <input type="checkbox"/> Liability Coverage – Other limits available. Please contact customer service for limits and rates _____ | _____ |
| <input type="checkbox"/> Medical Payments – \$1,000 Limit - 1 st Car \$8.00, 2 nd \$6.00, 3 rd \$4.00. Additional vehicles – no charge. | _____ |
| <input type="checkbox"/> *Uninsured Motorists - \$40,000 Single Limit Liability - 1 st Car \$12.00, 2 nd \$12.00, 3 rd \$12.00. Additional vehicles – no charge. | _____ |
| <input type="checkbox"/> *Underinsured Motorists - \$40,000 Single Limit Liability - 1 st Car \$2.00, 2 nd \$2.00, 3 rd \$2.00. Additional vehicles – no charge. | _____ |
| <input type="checkbox"/> *Uninsured Motorists (increased limits) – see the table on back for limits and rates and enter the proper premium:
1 st Car _____ 2 nd Car _____ 3 rd Car _____ Additional vehicles – no charge. | _____ |
| <input type="checkbox"/> *Underinsured Motorists (increased limits) – see the table on back for limits and rates and enter the proper premium:
1 st Car _____ 2 nd Car _____ 3 rd Car _____ Additional vehicles – no charge. | _____ |

Note: This UM/UIM limit may be less than but may not exceed your regular auto policy UM/UIM limits.

* Arizona selection form must be completed for selection of these coverages.

- | | |
|---|-------|
| <input type="checkbox"/> Physical Damage – Other Than Collision (Comprehensive) Coverage – Annual Rates - \$0.75 per \$100.00 of insurance. Street Rods & Modifieds. \$250 deductible | _____ |
| – Annual Rates - \$1.15 per \$100.00 of insurance. Replicars/Kit Cars/Exotics. | _____ |
| <input type="checkbox"/> Physical Damage – Collision Coverage – Annual Rates - \$0.55 per \$100.00 of insurance. Street Rods & Modifieds. \$250 deductible | _____ |
| – Annual Rates - \$0.85 per \$100.00 of insurance. Replicars/Kit Cars/Exotics. | _____ |

Note: Collision Coverage is only available with Other Than Collision (Comprehensive) Coverage Total Annual Premium \$ _____

Requested effective date of coverage _____ Minimum Policy Premium is \$150.00

MODIFIED AUTOS TO BE INSURED**

We require: 1) Recent **color photos** (4) of **each** vehicle listed, 2) **Appraisal** for each vehicle valued in excess of \$30,000, and 3) Payment in full at the time of submission of this application

YEAR	MAKE	BODY TYPE SERIES OR MODEL	VEHICLE IDENTIFICATION, SERIAL OR MOTOR NUMBER	VALUE	IS THIS VEHICLE REGISTERED? (circle one)	STATE OF REGIS-TRATION
1)					Yes No	
2)					Yes No	
3)					Yes No	
4)					Yes No	
5)					Yes No	

Use separate sheet for additional cars to be insured.

** These vehicle(s) will be used mainly in exhibitions, club activities, parades and other functions of public interest and will not be used primarily for the transportation of passengers or goods.

Important! See other side for additional questions and required signature.

Broker Information (if applicable)

Agency Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email _____ I.D.# _____

To properly expedite the handling of your application, please answer the following questions. Explain in detail for the necessary questions.

1. Have you or any driver in your household had any auto losses or moving violations in the past 3 years? If Yes, explain. Include: Date-Cause-Payment. _____ Yes _____ No
2. Will you be using your modified car as a means of daily transportation, errands, or back-up? _____ Yes _____ No
3. Are the vehicles used in any racing events? If yes, explain. _____ Yes _____ No
4. Are the vehicles currently insured?
 Insurance Company _____ Yes _____ No
5. What is the annual mileage? (a) Club functions miles _____ (b) Other purposes miles _____
 Explain other purposes use _____
6. Is any auto currently under restoration? If yes, a.) What is the expected date of completion? _____
 b.) If in shop, list name and address _____ Yes _____ No
7. Are **all** modified auto(s) garaged? _____ Yes _____ No
8. Construction of garage: Cinder Block _____ Brick/Stone _____ Frame _____ Other (explain) _____
 Location(s) of garage(s) 1.) Same as mailing address? Yes _____ No _____
 If No, list full garage address _____
9. Do you own any Antique or Classic vehicles? _____ Yes _____ No

Fraud Statement

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES.

My vehicle(s) will be used mainly in exhibitions, club activities, parades and other functions of public interest and will not be used primarily for the transportation of passengers or goods.

There is no coverage until specific notification is made by J.C. Taylor.

Signature of Applicant(s) _____ Date _____

Increased Uninsured Motorist – Bodily Injury Limits Add to Basic UM premium on front of application					Increased Underinsured Motorist – Bodily Injury Limits Add to Basic UIM premium on front of application				
	1 st Car	2 nd Car	3 rd Car	Additional		1 st Car	2 nd Car	3 rd Car	Additional
<input type="checkbox"/> \$100,000 Single Limit	\$4.00	\$4.00	\$4.00	No Charge	<input type="checkbox"/> \$100,000 Single Limit	\$4.00	\$4.00	\$4.00	No Charge
<input type="checkbox"/> \$300,000 Single Limit	\$6.00	\$6.00	\$6.00	No Charge	<input type="checkbox"/> \$300,000 Single Limit	\$6.00	\$6.00	\$6.00	No Charge
Use your state selection form to reject UM and/or UIM coverages.									
Higher limits available. Please contact customer service for limits and rates.									

PRODUCER NAME J.C. Taylor PRODUCER CODE 37-6791-999


Underwritten by the Foremost Insurance Company
 (Member of the worldwide Zurich Financial Services Group with offices and claim facilities in principal U.S. Cities)

To effect insurance, we require payment of entire premium, completed forms, photos, compliance with state regulations and our acceptance of risk. There is **no** coverage until the producer or applicant is notified by JC Taylor.

Check List (✓)			
()	Signed, fully completed application	()	4 recent, color photos of each vehicle. See supplemental form.
()	Check for full premium	()	Appraisal for vehicles over \$30,000
()	Signed state option forms (if applicable)	()	Signed, completed Supplemental Form

J.C. TAYLOR MODIFIED AUTO INSURANCE SUPPLEMENTAL VEHICLE INFORMATION

Please estimate the values as best you can for each vehicle being submitted.

Applicant: _____		Vehicle: _____																																																																														
(Please Print)																																																																																
Engine:	Stock <input type="checkbox"/> Yes <input type="checkbox"/> No Cubic Inches _____ Nitrous Oxide <input type="checkbox"/> Yes <input type="checkbox"/> No Lift Kit <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe Modifications: Value: _____																																																																														
Body Style:	Describe any enhancements & modifications: Does the vehicle have a roll cage? <input type="checkbox"/> Yes <input type="checkbox"/> No List any fiberglass parts:		Value: _____																																																																													
Wheels & Tires:	Describe any specialty wheels & tires:		Value: _____																																																																													
Exterior Paint: Maximum Limit 40% of the value of the vehicle.	Describe any custom paint used: <input type="checkbox"/> I accept the maximum limit for exterior paint coverage of 40% of the total vehicle agreed value.		Date last painted? (Mo/Yr) ____/____ Value: _____																																																																													
Interior:	Air conditioner <input type="checkbox"/> Yes <input type="checkbox"/> No Power Windows <input type="checkbox"/> Yes <input type="checkbox"/> No Sound Equipment <input type="checkbox"/> Yes <input type="checkbox"/> No	Other: Value: _____																																																																														
Options & Equipment:	List special options & approximate value:		Value: _____																																																																													
		* Appraisal required for values over \$40,000.	*Total Value: _____																																																																													
		* Descriptive bill of sale for recently purchased vehicles.																																																																														
<p style="text-align: center;">VEHICLE CONDITION</p> <p>Ratings: 1 = Not Restored 2 = Major Defect 3 = Average Condition 4 = Slight Defect 5 = Show Condition</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">ITEMS EVALUATED</th> <th style="text-align: center;">1</th> <th style="text-align: center;">2</th> <th style="text-align: center;">3</th> <th style="text-align: center;">4</th> <th style="text-align: center;">5</th> <th style="text-align: left;">Comments</th> </tr> </thead> <tbody> <tr><td>Exterior Paint</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>_____</td></tr> <tr><td>Exterior Body</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>_____</td></tr> <tr><td>Tires</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>_____</td></tr> <tr><td>Exhaust System</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>_____</td></tr> <tr><td>Chrome Trim</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>_____</td></tr> <tr><td>Wheels</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>_____</td></tr> <tr><td>Glass</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>_____</td></tr> <tr><td>Upholstery/Carpets</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>_____</td></tr> <tr><td>Engine</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>_____</td></tr> <tr><td>OVERALL CONDITION</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>_____</td></tr> </tbody> </table>		ITEMS EVALUATED	1	2	3	4	5	Comments	Exterior Paint	1	2	3	4	5	_____	Exterior Body	1	2	3	4	5	_____	Tires	1	2	3	4	5	_____	Exhaust System	1	2	3	4	5	_____	Chrome Trim	1	2	3	4	5	_____	Wheels	1	2	3	4	5	_____	Glass	1	2	3	4	5	_____	Upholstery/Carpets	1	2	3	4	5	_____	Engine	1	2	3	4	5	_____	OVERALL CONDITION	1	2	3	4	5	_____	<p style="text-align: center;">REQUIREMENTS</p> <p style="text-align: center;">Need 4 color pictures as indicated below</p> <p style="text-align: center;">Rear Angle View</p> <p style="text-align: center;">Engine (Hood Open)</p>  <p style="text-align: center;">Front Angle View</p> <p style="text-align: center;">Interior (Open Door)</p>	
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**UNINSURED AND UNDERINSURED MOTORISTS COVERAGE
SELECTION/REJECTION - ARIZONA**

DO NOT SIGN UNTIL YOU READ

You have a legal right to purchase **both** Uninsured and Underinsured Motorists coverages with the proposed automobile liability policy. THESE COVERAGES PROTECT YOU, YOUR FAMILY AND YOUR PASSENGERS. LIABILITY COVERAGE DOES NOT IN MOST CASES.

Uninsured Motorists Coverage provides protection for bodily injuries caused by a negligent motorist who has no insurance. Underinsured motorists coverage provides protection if the negligent motorist does not have enough liability insurance to pay for the injuries caused. For a more detailed explanation of these coverages, refer to your policy. This policy will provide Uninsured and Underinsured coverage in the same amount as the policy's Bodily Injury Liability Limit, unless you select a lower amount or no coverage, as stated in this notice.

You have a right to purchase **both** Uninsured and Underinsured Motorists coverages in any amount from \$40,000 single limit up to your policy's liability limit, or you may reject the coverages entirely. Neither limit may exceed your liability coverage limits for Bodily Injury.

Your Bodily Injury Limit on the policy: _____

Options available for Uninsured and Underinsured Motorists coverages:

UNINSURED MOTORISTS LIABILITY COVERAGE		UNDERINSURED MOTORISTS LIABILITY COVERAGE																									
<small>Initial</small>	I do not wish to purchase <u>Uninsured</u> Motorists Coverage.	<small>Initial</small>	I do not wish to purchase <u>Underinsured</u> Motorists Coverage.																								
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I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability Limits. If I decide to select another option at some future time, I must let the Company or my agent know in writing.

DO NOT SIGN UNTIL YOU READ

Signature of Applicant or Named Insured _____ Date _____

Applicant or Named Insured (Please print) _____ Policy Number _____